

**MARYLAND DEPARTMENT OF AGING**  
**Informed Consent**

7/17/2012

**NOTICE**

- ◆ The information you put on this form will be used to (1) help improve programs for seniors, or (2) find out if you qualify for a program. It may be shared with the Maryland Department of Aging (“MDoA”).
- ◆ The Board of Commissioners for St. Mary’s County through the Department of Aging, and MDoA will not voluntarily share any facts that identify you with anyone except people working for them who need the facts to perform their jobs. Facts that identify you include your name, social security number, address, and telephone number.
- ◆ You may refuse to give some or all of the information asked for. However, if a program is only for people who meet its qualifications (such as age, income, or health condition) and you do not share the facts that show you qualify, then you will not be able to take part in that program. St. Mary’s County Department of Aging staff can tell you exactly which facts are needed to show you qualify for a program.
- ◆ You may look at a record that identifies you. You may do this to make sure the facts are right. To look at such a record you must write to St. Mary’s County Department of Aging, Attention AIM/NAPIS Specialist, P.O. Box 653, Leonardtown, MD 20650 or Maryland Department of Aging, Attention AIM/NAPIS Administrator, 301 West Preston Street, Suite 1007, Baltimore, MD 21201.

I have read and understand the above Informed Consent Notice.

Please initial here \_\_\_\_\_ and sign below.

**AND**

I authorize the Commissioners of St. Mary’s County (including its departments, boards, commissions, agents, employees and volunteers) to use my image and/or voice in any media form (including, but not limited to, cable television broadcasts, videos, internet communications, and publications).

I release the Commissioners of St. Mary’s County, (and its departments, boards, commissions, employees and volunteers) from any and all claims and liability regarding the making or use of an audio and/or visual recording of my image and/or voice (including claims related to rights of publicity or privacy, defamation, or portrayal in a false light, whether intentional or unintentional).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name